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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10817312**

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2						
3	2		2			
4	2		0			
5	2		0			
6	2		0			
7	2		2			
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31	2		2			
32	1		1			
33	1		1			
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37	2		1			
38	2		1			
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45	2		1			
46	2		1			
47	2		1			
48	2		1			
49	1		1			
50	2		1			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51	2		1			
52	2		1			
53	2		1			
54	1					
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